## Issue Classification



| Application/Control No. | Applicant(s)/Patent Under Reexamination |
|-------------------------|---|
| 10069305                | MACDONALD ET AL.                        |
| Examiner                | Art Unit                                |
| J. E Angell             | 1635                                    |

| ORIGINAL                                |    |          |         |     |   |         | INTERNATIONAL CLASSIFICATION |                      |  |  |  |  |             |  |  |  |
|---|----|----------|---------|-----|---|---------|------------------------------|----------------------|--|--|--|--|-------------|--|--|--|
| CLASS SUBCLASS                          |    |          |         |     |   | CLAIMED |                              |                      |  |  |  |  | NON-CLAIMED |  |  |  |
| 514 44                                  |    |          |         | А   | 6 | 1       | К                            | 31 / 70 (2006.01.01) |  |  |  |  |             |  |  |  |
|   | CR | OSS REFI | ERENCE( | S)  |   |         |                              |                      |  |  |  |  |             |  |  |  |
| CLASS SUBCLASS (ONE SUBCLASS PER BLOCK) |    |          |         | CK) |   |         |                              |                      |  |  |  |  |             |  |  |  |
|   |    |          |         |     |   |         |                              |                      |  |  |  |  |             |  |  |  |
|   |    |          |         |     |   |         |                              |                      |  |  |  |  |             |  |  |  |
|   |    |          |         |     |   |         |                              |                      |  |  |  |  |             |  |  |  |
|   |    |          |         |     |   |         |                              |                      |  |  |  |  |             |  |  |  |
|   |    |          |         |     |   |         |                              |                      |  |  |  |  |             |  |  |  |
|   |    |          |         |     |   |         |                              |                      |  |  |  |  |             |  |  |  |
|   |    |          |         |     |   |         |                              |                      |  |  |  |  |             |  |  |  |
|   |    |          |         |     |   |         |                              |                      |  |  |  |  |             |  |  |  |
| +                                       |    |          |         |     |   |         |                              |                      |  |  |  |  |             |  |  |  |
|   |    |          |         |     |   |         |                              |                      |  |  |  |  |             |  |  |  |
|   |    |          |         |     |   |         |                              |                      |  |  |  |  |             |  |  |  |
|   |    |          |         |     |   |         |                              |                      |  |  |  |  |             |  |  |  |

| ☐ Claims renumbered in the same order as presented by applicant |          |       |          |       |          |       | ☐ CPA ☐ T.D. ☐ R.1.47 |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|-----------------------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original              | Final | Original | Final | Original | Final | Original | Final | Original |
|   | 1        |       | 17       |       | 33       | 9     | 49                    |       |          |       |          |       |          |       |          |
|   | 2        |       | 18       |       | 34       |       |                       |       |          |       |          |       |          |       |          |
|   | 3        |       | 19       |       | 35       |       |                       |       |          |       |          |       |          |       |          |
|   | 4        |       | 20       |       | 36       |       |                       |       |          |       |          |       |          |       |          |
|   | 5        |       | 21       |       | 37       |       |                       |       |          |       |          |       |          |       |          |
|   | 6        |       | 22       |       | 38       |       |                       |       |          |       |          |       |          |       |          |
|   | 7        |       | 23       |       | 39       |       |                       |       |          |       |          |       |          |       |          |
|   | 8        |       | 24       |       | 40       |       |                       |       |          |       |          |       |          |       |          |
|   | 9        |       | 25       |       | 41       |       |                       |       |          |       |          |       |          |       |          |
|   | 10       |       | 26       |       | 42       |       |                       |       |          |       |          |       |          |       |          |
|   | 11       | 1     | 27       |       | 43       |       |                       |       |          |       |          |       |          |       |          |
|   | 12       | 2     | 28       |       | 44       |       |                       |       |          |       |          |       |          |       |          |
|   | 13       | 3     | 29       |       | 45       |       |                       |       |          |       |          |       |          |       |          |
|   | 14       | 4     | 30       | 6     | 46       |       |                       |       |          |       |          |       |          |       |          |
|   | 15       |       | 31       | 7     | 47       |       |                       |       |          |       |          |       |          |       |          |
|   | 16       | 5     | 32       | 8     | 48       |       |                       |       |          |       |          |       |          |       |          |

| NONE  | Total Claims Allowed: |                     |                   |  |  |
|---|-----------------------|---------------------|-------------------|--|--|
| (Assistant Examiner)                            | (Date)                | ę                   | )                 |  |  |
| /J. E Angell/<br>Primary Examiner.Art Unit 1635 | 07/29/2009            | O.G. Print Claim(s) | O.G. Print Figure |  |  |
| (Primary Examiner)                              | (Date)                | 1                   | 0                 |  |  |